

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

RECEIVED

LATE CONTRIBUTION REPORT

NAME OF FILER Rush Hill for Council 2014		Date of This Filing 10/21/13	Date Stamp 2014 OCT 21 AM 11:00	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 9497237202	I.D. NUMBER (if applicable) 1359628	Report No. 15		
STREET ADDRESS 115 22nd St		<input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 1	OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	
CITY Newport Beach	STATE CA			

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/20/14	Orange County Auto Dealers Association	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 870777	1,000 <input type="checkbox"/> Check if Loan
10/20/14	Allison Hill	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Doctor - Children's Hospital of Los Angeles	1,100 <input type="checkbox"/> Check if Loan
10/20/14	Rusty Hill	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Finance - Oaktree Capital Management	1,100 <input type="checkbox"/> Check if Loan

### \*Contributor Codes

IND - Individual  
COM - Recipient Committee (other than PTY or SCC)  
OTH - Other

PTY - Political Party  
SCC - Small Contributor Committee

Reason for Amendment: \_\_\_\_\_